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An Essay

On

Hepatic Phthisis

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Of Charleston So. Ca.

Hepatic Phthisis is an affection which occurs not unfrequently in our Southern climates, and when we consider the magnitude, peculiar structure and central situation of the liver; together with the derangement of the whole system of which it forms so important a part, by even a trifling alteration from its healthy state, we need not be surprised at its producing more or less particular disease in some one of the organs with which it is directly or intimately connected. To the consideration of one of these forms of disease, I have devoted the following pages rather with a view of exciting attention towards it than with the expectation of entirely mastering the subject. It is that affection of the lung arising from hepatic derangement and this whether there exist a predisposition or not to pulmonary consumption.

To a person not accustomed to the deceptive nature of the complaint it is apt to

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be considered ~~as~~ absolutely existing as a primary affection when in fact ~~it~~ it is only an imita=tive one, hence it requires the most acute investigation in tracing out its existence; On this account too is it so often mistaken for the other forms of Phthisis and the hapless patient sinks under its influence being deprived of that assistance, which a knowledge of the affection might have prevented. From the history however and peculiar appearances which mostly present, the difference is sufficiently obvious; but in those cases where the chronic affection of the liver has assumed an obscure form this accom=panying one appears so much like it and causes so little inconvenience that it can be discovered with difficulty. These circumstances with the fact that proper remedies render it more curable than the other forms and its absolute incurability by the plan necessary for them make it a subject well de=serving the few observations which it becomes necessary

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for me to write in compliance with the established custom of the school. Indeed but for this I would willingly have declined entering on such a discussion which would better suit one more experienced in the profession.

Having however had an opportunity of seeing several cases of the disease at the Charlestown Alms House in which the symptoms and treatment were illustrated I was led to describe them. & the usual manner of discussing such a subject presents itself for my adoption. I shall first then proceed to consider the Causes and the Pathology, The Post Mortem appearances, The characteristic symptoms which mark it and lastly of the treatment adapted to the case.

In examining any disease with a view to its management the first question seems to be what is ~~the~~ its nature and causes, and this is more necessary here when the disease in the organ affected is not original. Without a requisite knowledge of the causes and seat our remedies cannot be directed to any particular end. How is it

possible to cure that of whose existence we are ignorant? surely under these circumstances the treatment must either depend on empiricism or at least be generally directed. The Phenomena which appear in the progress of the affection are sufficient evidence of its hepatic origin; corroborated by the circumstance, That the symptoms of liver complaint always exist before the lungs are affected, That in nearly all hepatic complaints the pulmonary organs are more or less disturbed and the last tho not least confirmatory evidence is that the treatment being directed to the liver and being successful the disease of the lungs disappear. Pulmonary affections do on the other hand communicate disease to the liver but this is only after great structural derangement of the former, and only so in common with the whole system. Besides the general connection existing between the parts of the whole system there seems to be more particular ones of individual organs which are governed by independent laws of their own in the performance of their functions. The lungs illustrate

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this. for their relation with other parts being very ex=
=tensive it often assumes disease from them, but those
organs in the immediate vicinity with which they are
more closely connected becoming diseased their functions
do sooner suffer. The principal manner in which mor=
=bid communications are kept up seem to be propinquity.
tho this is not the only way. This is eminently the case
with the lungs and liver; being separated merely by a
muscular partition. —— The first and probably the
only cause is an enlargement of the liver encroaching
on the cavity of the chest, tho' it may occur from nervous
influence. The enlargement of the liver originates
from long continued disease, in consequence of
which a quantity of solid matter is deposited in its
substance adding to the bulk till by slow and gradual
accretion it reaches the point at which the lungs
suffer - As a natural consequence of the enlarge=
=ment pressure is made on the diaphragm and
thus the cavity of the thorax is encroached upon, sufficient
space not being allowed for the healthy duty of the lungs

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the air cells being very sensible and thus forced into contact become irritated and the action of coughing is caused, which excites disease throughout the trachea and the continuous surface. The cause not being removed a degree of inflammation which is proportioned to the pressure of the diaphragm, results and soon spreads thro the whole lung causing increased secretion from the exhalents. These inflamed vessels being deranged perform their functions in a morbid manner and the mucus instead of being of the natural consistence to moisten the cells becomes so thick that it only adds to the irritation being thrown up with great difficulty. The air rushing by, to fill the cells causes a rattling sound. Some of this thickened mucus may now remain in the lower part and being assisted by the pressure of the sides into contact totally obliterate them causing it to become solid Hereditary predisposition is soon excited into action and even where this does not exist the inflammation will run thro its stages and end in suppuration & Ulceration — This consideration of the mere mechanical pressure producing the affection is I think confirmed by all

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Independent of this however, disease of the lung can be caused by hepatic affections in another way ie by the termination in abscess discharging itself thro the lungs but this is not the disease which I am describing. Reasoning on Analogous principles en=largements of the abdominal viscera as the spleen may probably be the cause of similar affections in the lung altho I have never heard of any such. I have seen one case in the Hospital at Charlestown which partook pretty much of this nature being marked by some of the symptoms. The patient was when first examined laboring under a difficulty of breathing and a constant cough the evident cause of which was an enlargement of the spleen which could be plainly felt He also complained of an uncomfortable feeling about the throat which on examination showed the bronchial vessels relaxed similar to what is seen in bronchitis. His expectoration was phlegm approaching in its nature to Pus and occasion=ally mixed with the blood in small quantities. He was put on a course of mercury but before this had affected his mouth

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or the disease had progressed far enough to affect the lungs he fell a victim to dropsical effusions brought on by organic derangement of his viscera. His spleen was found extending round into the right Iliac region. — — — — — — —

The Post Mortem appearances are not very various the liver always appearing unhealthy or showing traces of former disease. If the patient have died as much of the liver affection as that of the lungs it will be found indurated and enlarged, of a pale color, or containing abscesses and in fact all the appearances found there when death has occurred from its affection alone. Most morbid appearances exist in the lungs where the principal ravages of disease have been directed and which has been the more immediate cause of the death. If by any accident the patient die in the first stage the lungs with the exception of some fulness of the vessels are healthy; but in long cases so much structural disease exists that it excites wonder how the blood could have been decarbonised with so defective an apparatus the shell of the root alone remaining. I remember dissecting a negro dead of this disease; the lower part of the right lung was

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was solid, and on cutting it open the cells appeared to have been filled with an inorganic matter, of a yellow color and of an earthy nature. The liver was very large and pushing on the diaphragm, but of a natural color, and the bile in the gall bladder was thin and vitiated. The right lung usually presents most traces of disease being more in contact with the immediate cause of the affection than the left, Tubercles and the usual appearances of diseased lung are often found. and together with these the abdominal viscera are found out of order the spleen perhaps indurated and enlarged being probably the seat of the pain sometimes felt in the left side

The Symptoms which mark the complaint in the early stage before the cough &c. are far advanced are often entirely overlooked or may not be present being marked by the same obscurity which is often found in chronic Hepatitis. Originating from this it is preceded by those appearances which attend on or indicate a disorder in the biliary secretion and which accompany it throughout its duration. For the purpose of a proper description I shall divide the disease into

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three periods the symptoms of which vary in degree and in character. They run into one another however in such a way that the termination of one can hardly be distinguished from the beginning of another —

In the first, Functional disease alone exists. In the Second this has become Structural. In the Third it has assumed the true character of Phthisis.

The symptoms of the first are distinct and of a much milder nature than in the others being the effect only of a short continuance of the affection. They are such as we would expect from its nature, being here marked by a dry tick-=ling cough from which after much difficulty, the patient expectorates a little mucus apparently occasioned, more by the irritation of coughing than by that existing in the lung. In some cases the cough is almost incessant much increased after a meal or on lying down, and is attended with a thick mucous expectoration which seems to have lain some time in the cells; this affords a temporary relief but the cause being still present he is soon called again to cough in order to throw of

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the abundant secretion. As in all other forms of Phthisis the cough is increased towards morning it being necessary that the collection of secretions, which these organs participating in the dormant inclina=tion of the system have suffered to accumulate until they caused irritation, should be expectorated. The Respiration is performed with difficulty especially after any cause which pushes up the diaphragm, and after exertion it becomes quick frequent and short and sometimes has a rattling sound. The patient is very much depressed in mind becomes fretful, im=patient and fancying a thousand imaginary ills about to befal him. The appetite is totally gone, he feels a sense of fulness in his right side, the bowels are costive and other symptoms of biliary derangement exist towards the last of this stage hectic fever comes on assuming the usual regular form. No stop having been put to the disease the second stage is ushered in ~~with~~ with an aggravation of many of the above symptoms which have been modified and assumed

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more the appearance and character of Consumption

The cough now becomes free and attended with a copious expectoration at first of a semi mucous semi purulent matter which gradually puts on more and more the character of pus. There is a rawness in the chest indicating a degree of inflammation this is not confined but extended over the chest. If the throat is examined it will look red and the vessels relaxed. The expectoration of pus which is very great does not indicate any ulceration existing there but ~~the~~ arises from the functional derangement of the exhalent vessels which were formerly in the habit of secreting mucus. Similar instances of this kind are daily seen in catarrh &c. When it is streaked with blood it is an unfavorable sign since it is a certain proof of a solution of continuity in the lung, which altho it does relieve the loaded vessels, is often the origin of an ulcer. There often exists a painful soreness over the liver which is increased by pressure and this organ may be felt thro the integuments of the abdomen.

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In the chest there is no permanent or fixed pain but an uneasy heavy feeling over the whole ~~but~~ yet felt more in the right side. The complexion is swarthy, the adnata of the eye tinged with a bi=
=lious color, the lips are of a palid red, the counte=
=nance is dull and languid yet very expressive of disease and the whole appearance is cachectic. The tongue is furred with a dark yellow coat, or indented with sulci and sometimes tho rarely it is natural. There is a disagreeable taste in the mouth with oc=
=casional nausea and other dyspeptic symptoms, the bowels are costive and the evacuations when examined show either a want of, or a vitiated state of the bile Now as the expectoration becomes puriform the arterial circulation is excited and Hectic is established the pulse is small, hard and excited, the skin is hot and dry and ~~tras~~ the hectic has assumed more of a continued type than usual. The emaciation which before did not seem to keep pace with the progress of the disease now advances with rapid strides aided by colliquative

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sweats and diarrhea; Sometimes dropsical swellings occur and I have seen one case where ascites occurred very early; this appearance so far as I know seldom or never ~~occurs~~ comes on in the other forms of Phthisis. The biliary symptoms about this time almost totally disappear disease being now transferred to the lungs.

In the third and more advanced stage the disease assumes a more formidable character and will almost surely baffle the Physicians attention, death here seeming to be the inevitable consequence. With no regular returns of fever the patient seems to be never free from it and the symptoms of confirmed Phthisis manifest themselves in commensurate proportion with the organic disease. Those peculiar to hepatic disease have slidden into such as mark ulceration in the lungs which being established or tubercles excited, bid defiance alike to the powers of art and the resources of nature. The expectoration is pure pus, Constant colliquative discharges contribute to weaken the patient and the emaciation is so great that the natural look is

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altered, the bones of the face projecting and forming the Facies Hippocratica. The voice is hollow and sepulchral, the hair of the head falls of and the nails on the hands and feet are incurvated. The extremities are livid and subject to cramps and numbness all of these showing deficient circulation in the extreme vessels Dropsical swellings and loss of mind precede the fatal event which takes place marked by all the distressing symptoms attendant on the last stage of Phthisis Pulmonalis

The Diagnosis is in many cases very easy, but in some it is extremely difficult. When the biliary symp=
=toms are obscure it may in the early stage be mista=
=ken for catarrh, and in the advanced for the other forms of Phthisis Pulmonalis. The distinction of it from cough if attention be paid to the characters is easy enough. In the one affection the upper part of the trachea is alone concerned, whilst in the other it arises as it were from the bottom of the lung, in this last the cough is more deep seated and constant but not so severe as in the other, They may however be both present.

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The complaint is more apt to be taken for the other forms of Consumption and requires to be early and accurately distinguished The discrimination is to be commenced by contrasting the gen=
=eral symptoms of Hepatic with those of Pulmonary disease. Those of the former vary much more in their progress and are not attended with so early a loss of flesh as in the latter, in=
stead of the delicate paleness and spontaneous blushings so very marked in consumption, the complexion is of a sallow hue and even in the hectic stage the blush can hardly be discovered. The adnata of the eyes want its pearly whiteness and the lips and inside of the mouth the scarlet red appearance. Besides these the appetite is generally bad and nausea is a constant at=
=tendant added to which the depression of spirits and aversa=
=tion of mind always hoping for the worst are strikingly contrasted with those of consumption where the exhilaration of spirits even in the most advanced stages consoles the suffering patient and soothes his passage to the grave.

Contrary too to what usually occurs he cant lie on his left side with ease on account of the pressure of the enlarged liver, whilst in other cases the patient can

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lie indiscriminately on either side, besides the pain in the region of the liver can be easily recognised as distinct as distinct from that in the chest.

The Hectic in Hepatic Phthisis has little or no remission whilst in the other it is a regular remittent. Dropsical swellings when occurring early aid considerably the diag=nosis. These seem to be sufficiently well marked differences to enable one to distinguish the two diseases and it seldom happens that diligent investigation will be frustrated in practice. Should this however not be the case and organic affections arise before it is found out medical aid will be as useless as in other cases of Phthisis

As it appears from the symptoms and causes which I have enumerated that the affection of the lungs is de=pendent on that of the liver, the treatment adapted for the cure must be combined of remedies suited to both of these diseases. and we will find that in proportion as the liver is relieved so will the affections of the lungs be bene=fitted. The plan of treatment as well as the probable success and ease of cure will differ according to the duration and

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structural nature of the affection. In the early stage we have the best hope of success since here the functions of the liver only are deranged and hereditary predisposition if it does exist is not as yet far advanced or been excited into active disease. In the last case however no certain calculation of success is to be indulged for notwithstanding we may cure the disease in the liver that of the lung is apt to be increased by the use of mercury. This tho the best remedy for hepatic disease should by no means be in=discriminately used or in the nature of an antidote and here it becomes necessary if the symptoms be mild to use other remedies. In determining upon the use of these we must enquire into the scrofulous habit and hereditary predisposition. The plan to be pursued will consist of a course of deobstruent remedies, cathartics answer this purpose extremely well preceded by an anti=monial emetic, to clear out the stomach, reestablish an equable discharge from the the skin and perhaps dislodge the thick contents of the bile ducts. The beneficial effect of the cathartic plan arise from the communication of

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the peristaltic motion of the intestines to the liver and thus rousing it from its torpor. The disease is too chronic to admit of great purging but a purge may be given every other day according to circumstances for some time, this should be aided by the use of Nit. Acid a remedy well suited to mild forms acting on the liver, at the same time proving tonic to the system.

If the symptoms require more urgent measures a mercurial cathartic should be given and followed up every day by a blue pill of 5 gr. to be continued until the symp= =toms are relieved. Merely enough should be given to rouse the disabled and paralyzed powers of the liver without debilitating or exhausting the constitution. A tonic plan should now be pursued. If the hepatic disease be not very obstinate this plan will almost constantly succeed But should this be the case the pills may be increased when no sooner is the alterant effect produced than the symptoms vanish. The Mineral Acids or the bitter tonics with an Alkali will now ~~re~~establish the cure. If the disease have progressed as far as the 2nd Stage without medical

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advice or our remedies not being attended with success, a more free use of Calomel is to be pursued for fear the third stage may come on the termination of which will generally be fatal. In this is our only hope, the insidious foe is not to be tampered with, but boldly combatted. The prognosis is here more dangerous than in the last for the cause of inflam= =mation not being speedily removed ulceration will ensue. There is every thing to dread from delay and two grains of the Submuriate of Mercury twice a day is to be given to produce quickly the alterant effect, this is to be pursued until the gums are touched or the pain in the region of the liver disappear. If no pain had been present here previous to the administration of the remedies, and it came on as the effect of them it is favorable as marking returning sen= =sibility in that organ. Should much tenderness exist in the Right Hypochondriac region indicating inflammation topical bloodletting ought to premise the use of a blister or Tartar Emetic Plaister which is to be kept running. These assist the other remedies and afford relief to the patient. A blister may prove serviceable even if no pain exist over the

liver. The calomel is to be increased in quantity until the gums are touched, if no effect be produced. Nature some=times relieves the disease in the liver by transferring it to the lung, the latter in this case acting as an irritant or issue when applied externally.

It is astonishing from what severe cases recovery does sometimes occur; even in those cases where the structural disease seemed evident from the symptoms a cure has been effected by a removal of the hepatic disease. Our practice here is placed between two ills, if we see a patient in this situation; and the judgement of a physician is to be ex==ercised in the choice of the least. If nothing be done the disease will certainly destroy him and there is still some hope in a mercurial course altho the plan is exceedingly fallacious. In the last stage there is little or no hope of recovery but as long as the hepatic symptoms con==tinue to recur we should indulge a feeble hope that by the removal of this irritation the lungs may lose their habit of disease and recover their healthy state. If the disease has been totally transferred to the lung Exter=

nal irritants to the chest should not be omitted for they more readily part with those affections of which they have not been the primary seat. In this desperate conflict the physician should not stand by idly viewing the un=
=equal strife between the powers of nature and the disease without still extending a helping hand either to strengthen or to direct her endeavors, for the reward of such a plan is great, whatever may be the ter=
=mination. Towards the last however the remedies should only be palliative for other plans will but torment the patient without any hope of success Here the stomach & system require tonics and the pain or any other distressing affections are to be relieved by opiates. These deprive death of many of its pangs. The expectorants which should be used throughout the whole course of the complaint to relieve the cough which is very troublesome; are those in general use. The preparations of Squill. the Balsams. The Gum Ammoniac combined with Nit. Acid. and a free use of demulcent drinks

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The fumigations are highly recommended and in the ulcerated stage being the most direct application affords great relief. Exercise in this as in the other forms ranks high among the means of cure, it preserves and excites a proper action and invigorates the system, this should be aided by the use of the flesh brush and flannel is to be worn next the skin to avoid any sudden vicissitudes of weather. In the convalescence the patient should not be immediately abandoned by his physi= =cian as the affections are very apt to return Any cough or uneasiness in the side indicating such a return, the same plan somewhat modi= =fied requires to be pursued and it should be continued even some time after the disappearance of the symptoms. A Prophylactic plan is necessary to be pursued and if the patient is able, may remove to a cooler climate. Among the troublesome affections to which the patient is subjected and is very injurious may be ranked the diarrhea. In a few cases I

have seen the leaves of the Sesamum Orientale steeped in water until a mucilage was formed prove of the most decided advantage in relieving it. It combines in itself virtues of an astringent, demulcent, ex=
=pectorant and mildly nutritient nature and appears well suited to affections of this nature. With all these it is a pleasant and agreeable drink. In one case its effects were so signal and immediate in the relief that it appeared to posess narcotic powers –

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